

The Special Attention of Physicians is respectfully invited to the matters below, and to use of this space on back of this Certificate.

# Health Department, City of Baltimore.

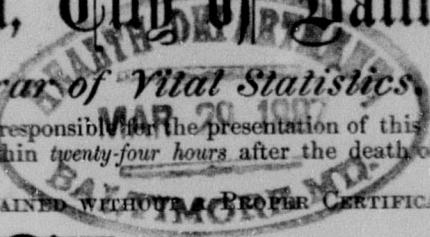
Permit No. *98902*

Office of Registrar of Vital Statistics

Ward 

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH. *B*

Date of Death, *March 28th 1889*Full Name of Deceased, *Sarah Braddell* { Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, *Female* or Female, { Cross out the word not required in this line. }Age, *69* Years, *0* Months, *0* Days.Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Burau*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *23 years*

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), *Bradilis* Second (Immediate), *One month.* }Duration of Last Sickness, *One month.*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel Cem.*Date of Burial, *March 30. 1889*Undertaker, *H. Sanders Son*Place of Business, *1710 Cantons*

E. Dr. Lewis M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 98903

Office of Registrar of Vital Statistics.

Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled in, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar. 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Jane Teach

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 40 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 102 1/2 N. Gay St.

Cause of Death, { First (Primary), Congestion of Brain  
Second (Immediate), }

Duration of Last Sickness, 3 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 31, 1887

{ Undertaker, Holley T. Mears }

Medical Attendant,

{ Place of Business, 413 E. Fayette St. Address, 513 N. Caroline St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 98904 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, March 29<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Doras Steinmeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 86 Years, 10 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give Street and Number. } No 1419 E Fayette St

Cause of Death, { First (Primary), Chronic Bright's Disease  
Second (Immediate), }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31 March

Undertaker, Henry Mafmann

Place of Business, 211 E. 21st St

W. E. Russell

M. D.

Medical Attendant.

Address, 800 N Broadway

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 98905

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1887

## CERTIFICATE OF DEATH.

Date of Death,

Mar 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas G. Cooper,

Sex, Male or Female, { Cross out the word not required in this line. }

Male.

Age, 51. Years, — Months, — Days

Color, white.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower.

Occupation, Carpenter.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, about 20 yrs.

Place of Death, { Give Street and Number. }

Md. Genl Hospital.

Cause of Death, { First (Primary), }

Compress of Brain by clot.

Second (Immediate), Paroxysms.

Duration of Last Sickness,

about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 31<sup>st</sup> 1887

Undertaker, Chas. T. Stevens

Place of Business, 925 Madison Ave

Robert Bond

M. D.

Medical Attendant.

Address, Md. Genl Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to the following:

# Health Department, City of Baltimore.

Permit No. 98906 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Cromwell.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Labour.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, { Give Street and Number. } 12 Rees's Court.

Cause of Death, { First (Primary), Second (Immediate), } Congestion of the lungs, Asthma.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cemetery, Fred. St.

Date of Burial, Mar. 29<sup>th</sup> J. Jr. White, M. D.

Undertaker, J. B. Cook

Medical Attendant.

Place of Business, 1003 W. Baltimore Street, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 98907

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 28<sup>th</sup>, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Henry Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Male,

Age,      Years,      Months,      Days

Color,      Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } 

Occupation,      none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life times

Place of Death, { Give Street and Number. } 1014 Mager's Court

Cause of Death, { First (Primary). } Pneumonia

Second (Immediate),

Duration of Last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30 1887

{ Undertaker, William B. Engel }

{ Place of Business, 150 East St }

John N. Conner M. D.

Medical Attendant.

Address, 1224 E. Monona St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98908 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Schilling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78

Years,

Months,

Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Don't know

Place of Death, { Give Street and Number. }

Inst. Little Sisters Poor.

Cause of Death, { First (Primary),  
Second (Immediate), }

General debility

3 or 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Receiver

Date of Burial, March 30<sup>th</sup> 1887

Geo. Brooke Boyle

M. D.

Medical Attendant.

Undertaker, Wm. Blotkamp

Place of Business, E. Lombard St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 98909

Office of Registrar of Vital Statistics



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 29<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth. Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

60 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Cork. Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

About 50 years

Place of Death, { Give Street and Number. }

8, Saratoga St  
Paralysis Agitans  
Typhoid Constitution

Cause of Death, { First (Primary),

Second (Immediate),

One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 31<sup>st</sup> 1887

Undertaker, Joseph F. Byn

Thomas Sherry M. D.

Medical Attendant

Place of Business, 32<sup>nd</sup> Liberty

Address,

1034 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

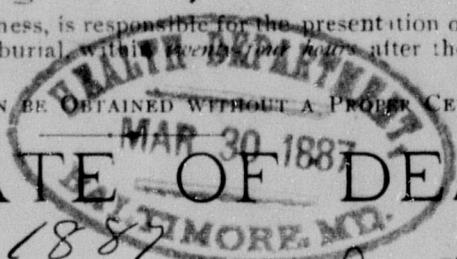
[OVER.]

## Board of Health, City of Baltimore,

Permit No. 98910 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within ~~seven~~ <sup>forty-eight</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH. C

Date of Death, March 29<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna F. Paul

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days,

Color, Colt

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cumberland Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } 936 Druid stree ave.

Cause of Death, { First (Primary), }

Phthisis Pulmonalis

Second (Immediate),

Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29<sup>th</sup> 1887

F. Lingling

M. D.

Undertaker

W. H. Bush of

Medical Attendant.

Place of Business, 97 Druid stree ave

Address, 612 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98911 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

• • • CERTIFICATE OF DEATH.

Date of Death,

March 29<sup>th</sup> /87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm Henry Ward

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 23 Years,

4 Months, 21 Days.

Color,

Leviard

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No 10 W. West St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Dentition

Diarrhoea

Duration of Last Sickness,

three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 30<sup>th</sup>

Undertaker, Sorrell & Hand

Mrs. Seward

M. D.

Place of Business,

Address, One W. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

H. Seward S. J.